

California Resident Income Tax Return 2003**540 C1 Side 1**

Fiscal year filers only: Enter month of year end: month _____ year 2004.

Step 1Place
label here
or printName
and
Address

Your first name	Initial	Last name	PBA Code
If joint return, spouse's first name	Initial	Last name	
Present home address — number and street, PO Box, or rural route			Apt. no. PMB no.
City, town, or post office (If you have a foreign address, see instructions)			State ZIP Code

P
AC
A
R
RP**Step 1a**
SSN

Your social security number	Spouse's social security number

IMPORTANT:
Your social security number
is required.**Step 2****Filing Status**

Fill in only one.

- 1 ☐ Single
 2 ☐ Married filing jointly (even if only one spouse had income)
 3 ☐ Married filing separately. Enter spouse's social security number above and full name here _____
 4 ☐ Head of household (with qualifying person). STOP. See instructions.
 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 3**Exemptions**

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$82 = \$ _____
 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$82 = \$ _____
 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$82 = \$ _____

Dependent Exemptions

- 10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

_____ Total dependent exemptions ● 10 ☐ X \$257 = \$ _____
 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 21 11 \$ _____

Step 4**Taxable Income**Enclose, but do not
staple, any payment.

- 12 State wages from your Form(s) W-2, box 16 ● 12 _____
 13 Enter federal adjusted gross income from Form 1040, line 34; Form 1040A, line 21; Form 1040EZ, line 4; or TeleFile Tax Record, line 1 13 _____
 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 34, column B ● 14 _____
 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 _____
 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 34, column C ● 16 _____
 17 California adjusted gross income. Combine line 15 and line 16 ● 17 _____
 18 Enter the larger of:
 Your California **itemized deductions** from Schedule CA (540), line 41; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married filing separately \$3,070
 • Married filing jointly, Head of household, or Qualifying widow(er) \$6,140
 If the circle on line 6 is filled in, STOP. See instructions ● 18 _____
 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 _____

Step 5**Tax**Attach copy of your
Form(s) W-2, W-2G,
592-B, 594 and
597. Also, attach any
Form(s) 1099
showing California
tax withheld.

- 20 Tax. Fill in circle if from: ☐ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 ● 20 _____
Caution: If under age 14 and you have more than \$1,500 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.
 21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$135,714, see instructions 21 _____
 22 Subtract line 21 from line 20. If less than zero, enter -0- 22 _____
 23 Tax. Fill in circle if from: ☐ Schedule G-1, Tax on Lump-Sum Distributions
 ☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts ● 23 _____
 24 Add line 22 and line 23. Continue to Side 2 24 _____

